

019 FEB 2005

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10-523801

## CLAIMS AS FILED - PART I

|   | (Column 1)  | (Column 2)                             |
|---|---|--|
| U.S. NATIONAL STAGE FEES                                  |   |  |
| BASIC FEE   | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE   | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS.                                  | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS                                   | 22 minus 20 = *   |  |
| INDEPENDENT CLAIMS  | 1 minus 3 = *   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |   |  |

SMALL ENTITY  
TYPE ☐ OROTHER THAN  
SMALL ENTITY

| RATE       | FEE |    | RATE       | FEE |
|------------|-----|----|------------|-----|
| BASIC FEE  |     | OR | BASIC FEE  | 300 |
| EXAM. FEE  |     |    | EXAM. FEE  |     |
| SEARCH FEE |     |    | SEARCH FEE |     |
| X \$ 125 = |     |    | X \$ 250 = |     |
| X \$ 25 =  |     | OR | X \$ 50 =  |     |
| X \$ 100 = |     | OR | X \$ 200 = |     |
| + \$ 180 = |     | OR | + \$ 360 = |     |
| TOTAL      |     | OR | TOTAL      |     |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|---|---|---|------------------|
| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | * Minus                                   | **  | =                |
| Independent   | * Minus                                   | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |   |                  |

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

| RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|----|--------------------|------------------------|
| X \$ 25 =          |                        | OR | X \$ 50 =          |                        |
| X \$ 100 =         |                        | OR | X \$ 200 =         |                        |
| + \$ 180 =         |                        | OR | + \$ 360 =         |                        |
| TOTAL ADDI-<br>FEE |                        | OR | TOTAL ADDI-<br>FEE |                        |

|   | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|---|---|---|------------------|
| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | * Minus                                   | **  | =                |
| Independent   | * Minus                                   | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |   |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|----|--------------------|------------------------|
| X \$ 25 =          |                        | OR | X \$ 50 =          |                        |
| X \$ 100 =         |                        | OR | X \$ 200 =         |                        |
| + \$ 180 =         |                        | OR | + \$ 360 =         |                        |
| TOTAL ADDI-<br>FEE |                        | OR | TOTAL ADDI-<br>FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number of claims previously paid for in this application.